forney's Docket Number:

antelow named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

It lieve I am the original, first and sole inventor (if only one name is listed below) of an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method And Apparatus For High Density Format Screening for Bioactive Molecules

the specification of which (check only one item below):
[ ] is attached hereto
[X] was filed as United States application
Application No. to be assigned
on <u>January</u> 8, 1999
and was amended
on
[ ] was filed as PCT international application
Number
on,
and was amended under PCT Article 19
on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign applications(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
U.S.A.	60/070,792	January 8, 1998	[X] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO
		·	[ ] YES [ ] NO
			[ ] YES [ ] NO
			[ ] YES [ ] NO

prney's Docket Number:

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this applications is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

-					TOWN ADDITIONS DESIGN	ATING THE U.S. F	OR BENEFIT	
		PRIOR U.S	. APPLICATIONS	OR PCT INTERN	ATIONAL APPLICATIONS DESIGN. DER 35 U.S.C. 120:	HIING THE U.S. I		
U.S. APPLICATIONS					ST	STATUS (Check one)		
U.S. APPLICATION NUMBER				U.S. FILING DATE	Patented	Pending	Abandoned	
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		PCT	APPLICATIONS D	ESIGNATING THE	U.S		<b> </b>	<del> </del>
APPLICATION NO. FILING DATE		G DATE	US SERIAL NUMBERS ASSIGNED (if any)					
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<u> </u>	POWER OF prosecute	ATTORNEY	As a named	inventor, I ansact all bu	hereby appoint the followi siness in the Patent and Tra	ng attorney(s) ademark Office c		s) to with.
Stev Reg.	e T. Zelson No. 30,335	Elias J. Reg. No.		eta A. Gregg . No. 35,127		No. 41,324	Reza Green Reg. No. 38,4	175
Send Correspondence to: Steve T. Zelson, Esq. Novo Nordisk of North America 405 Lexington Avenue, Suite New York, New York 10174-64			6400		t Telephone Ca Steve T. Zelsc (212) 867-012	n		
		Family Name	· · · · · · · · · · · · · · · · · · ·		First Given Name	Second G		

Se	end Corresponde	nce to: Steve T. Zelson, Esq. Novo Nordisk of North Ame 405 Lexington Avenue, Sui New York, New York 10174	Direct Telephone Calls To: Steve T. Zelson (212) 867-0123	
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2	Full Name of Inventor	Pamily Name Scudder	Pirst Given Name Kurt	second Given Name Marshall
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	Post Office Address	Poet Office Address Birkevej 37	3460 Bikeroed	State & Zip Code/Country Denmark

orney's Docket Number: APPLICATION AND POWER OF ATTORNEY COMBINED DECLARATION FOR PAT 41.200-US (Includes Reference to PCT International Applications) Second Given Name Family Name Full Name 5 of Inventor Country of Citizenship State or Poreign Country Residence & Citizenship State & Zip Code/Country Post Office Address Post Office Address Second Given Name Pirst Given Name Pamily Name 6 Full Name of Inventor Country of Citizenship State or Foreign Country Residence & Citizenship State & Zip Code/Country Post Office Address City Post Office Address Second Given Name Pamily Name Piret Given Name Full Name of Inventor Country of Citizenship State or Foreign Country Residence & Citizenship State & Zip Code/Country City Post Office Address Post Office Address Second Given Name Pamily Name 8 Full Name of Inventor Country of Citizenship State or Foreign Country Residence & Citizenship State & Zip Code/Country Post Office Address City Post Office Address Second Given Name Pirst Given Name Pamily Name 9 Full Name of Inventor Country of Citizenship State or Foreign Country city Residence & Citizenship State & Zip Code/Country Post Office Address Post Office Address

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  Reours Od Server	Frut m. South	Signature of Inventor 3
1929-02-04	1999 FEB 04	1999-02-04
signature of Inventor 4	Signature of Inventor 5	Signature of Inventor 6
Date 1999-02-04	Date	Date
Signature of Inventor 7	Signature of Inventor 8	Signature of Inventor 9
Date	Date	Date